NORWOOD HEALTH CARE - CENTRAL

1600 NORTH CHESTNUT

MARSHFIELD Phone: (715) 384-2188 Ownership: 54449 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/02): 16 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care	No			Age Groups	%		6.3
Supp. Home Care-Personal Care	No	•		1		1 1 10010	18.8
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	56.3	•	75.0
Day Services	No	Mental Illness (Org./Psy)	12.5	65 - 74	25.0		
Respite Care	No	Mental Illness (Other)	87.5	75 - 84	18.8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 R	esidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	0.0	65 & Over	43.8		
Transportation	No	Cerebrovascular	0.0			RNs	21.0
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	17.7
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	62.5	Aides, & Orderlies	96.6
Mentally Ill	Yes			Female	37.5		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay	:		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	ଚ	Per Diem (\$)	No.	ું ગું	Per Diem (\$)	No.	્	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	16	100.0	108	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	16	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		16	100.0		0	0.0		0	0.0		0	0.0		0	0.0		16	100.0

NORWOOD HEALTH CARE - CENTRAL

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services, a	nd Activities as of 12	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	62.5		18.8	18.8	16
Other Nursing Homes	100.0	Dressing	81.3		0.0	18.8	16
Acute Care Hospitals	0.0	Transferring	81.3		0.0	18.8	16
Psych. HospMR/DD Facilities	0.0	Toilet Use	81.3		18.8	0.0	16
Rehabilitation Hospitals	0.0				0.0	0.0	16
Other Locations	0.0	*****	*****		*****	******	*****
Total Number of Admissions	1	Continence		용	Special Treatme	nts	olo
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	0.0	Receiving Resp	piratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	12.5	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	6.3	Receiving Suc		0.0
Other Nursing Homes	0.0				Receiving Ost	omy Care	0.0
Acute Care Hospitals	0.0	Mobility				e Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Mec	hanically Altered Diet	s 68.8
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident (	Characteristics	
Deaths	0.0	With Pressure Sores		0.0	Have Advance	Directives	0.0
Total Number of Discharges	1	With Rashes		12.5	Medications		
(Including Deaths)	0				Receiving Psy	choactive Drugs	100.0

	This	Other	Hospital-	Z	All
	Facility	Based B	Based Facilities		ilties
	%	ଚ	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	87.4	1.14	85.1	1.17
Current Residents from In-County	93.8	84.3	1.11	76.6	1.22
Admissions from In-County, Still Residing	100.0	15.2	6.59	20.3	4.92
Admissions/Average Daily Census	6.3	213.3	0.03	133.4	0.05
Discharges/Average Daily Census	0.0	214.2	0.00	135.3	0.00
Discharges To Private Residence/Average Daily Census	0.0	112.9	0.00	56.6	0.00
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3	1.16
Residents Aged 65 and Older	43.8	91.8	0.48	87.7	0.50
Title 19 (Medicaid) Funded Residents	100.0	65.1	1.54	67.5	1.48
Private Pay Funded Residents	0.0	22.6	0.00	21.0	0.00
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	100.0	31.3	3.19	33.3	3.00
General Medical Service Residents	0.0	21.8	0.00	20.5	0.00
<pre>Impaired ADL (Mean) *</pre>	16.3	48.9	0.33	49.3	0.33
Psychological Problems	100.0	51.6	1.94	54.0	1.85
Nursing Care Required (Mean)*	10.2	7.4	1.37	7.2	1.41